

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF MARICOPA**

<b>IN THE MATTER OF AN</b>	)	<b>ADMINISTRATIVE ORDER</b>
<b>ADA GRIEVANCE PROCEDURE</b>	)	<b>NO. 94-060</b>
<b>FOR COURT EMPLOYEES</b>	)	
_____	)	

Pursuant to action by the Bench on September 7, 1994, it is

**ORDERED** that the attached three page "**ADA GRIEVANCE PROCEDURE FOR COURT EMPLOYEES**" is effective this date and applies to all employees of the Superior Court, Clerk of the Court, Juvenile Court, Justice of the Peace Courts, and Adult Probation.

Done on September 8, 1994.

\_\_\_\_\_  
C. Kimball Rose, Presiding Judge

Attachment

Original: Clerk of the Court

CC: **(To distribute to all employees)**  
All Judges and Commissioners  
Court Management Team

## ADA GRIEVANCE PROCEDURE FOR COURT EMPLOYEES

### A. PURPOSE

The purpose of the procedure is to provide a clear and consistent method for the resolution of grievances brought by classified and unclassified court employees on the basis of disability.

### B. APPLICABLE LEGISLATION

Title I of the Americans With Disabilities Act of 1990 (Public Law 101-336).

### C. SCOPE

1. Encompasses both classified and unclassified Court employees, including on-call and temporary status employees.
2. Encompasses complaints of discrimination based on disability which includes, but is not limited to: reasonable accommodation, assignments, disciplinary actions, training, promotion, lay-off/recall, termination, compensation, leave and benefits.

### D. PROCEDURES

An employee's grievance must be in writing using the Court Employee ADA Grievance Procedure form. Specific information regarding the event or action being grieved, statement of facts and requested remedy should be included.

Prior to filing a grievance, an employee may request a confidential meeting with the Court's ADA Coordinator. The ADA Coordinator will determine whether the employee's complaint is properly within the scope of the procedure and, if not, advise the employee of alternative methods to resolve their problem.

### E. EMPLOYEE RESPONSIBILITIES

1. Provide immediate supervisor with information and/or documentation regarding any limitations the employee might have in performing the essential functions of the position.
2. Provide a reasonable remedy to the grievance, i.e., methods that might be utilized to accommodate and/or resolve the complaint.

### F. STEPS

1. An employee who has a grievance must discuss it with his/her immediate supervisor within thirty (30) working days of its occurrence or his/her knowledge of its occurrence.

If the immediate supervisor is unable to satisfactorily respond to the employee's grievance after ten (10) working days, proceed to step 2. If the grievance is against the employee's supervisor, the employee may file the grievance with the second-level supervisor after first informing the immediate supervisor.

2. The employee individually, or with his/her representative, may within ten (10) working days of the supervisor's response or deadline to respond, submit the grievance to the next-level supervisor.
3. If after ten (10) working days, the grievance is not satisfactorily answered in writing, the employee individually, or with his/her representative, may within ten (10) working days of the next-level supervisor's response or deadline to respond, submit the grievance in writing to the department head or his/her designated representative.
4. The department head may then request that the Court Committee on ADA review the complaint and recommend any action to be taken. The committee may request additional information from the department or employee. The department head will respond to the employee's grievance within thirty (30) calendar days of receipt of the complaint.

G. ADDITIONAL REMEDIES

1. In addition to the above, court employees may submit a copy of their grievance to the Maricopa County Human Resources Director/ADA Coordinator for review and recommendation to the department head.
2. Court employees may file a complaint with the Equal Employment Opportunity Commission at any time during or subsequent to the grievance process.

COURT EMPLOYEE ADA GRIEVANCE PROCEDURE FORM

Employee's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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ADA Grievance

Describe your grievance (include dates and specific events or actions): \_\_\_\_\_

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Requested Remedy

Describe the remedy you are requesting: \_\_\_\_\_

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Please attach any additional information or supporting documentation to this form.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_